

STATE OF NEVADA
BOARD OF EXAMINERS
FOR LONG TERM CARE ADMINISTRATORS

RFA LICENSEE FACILITIES FACT SHEET

Licensee Name _____

RFA License No. _____

Email Address: _____

Upon the termination of your affiliation with a facility for any reason, you SHOULD IMMEDIATELY NOTIFY BELTCA IN WRITING AND RETURN THE LICENSE NAMING THAT FACILITY TO BELTCA. To be in compliance with NAC 654.181, such notice must be received by BELTCA within 15 days of this change or you will be in violation of NAC 654.181, and you will be fined.

Requests for licenses naming a facility cannot be issued until the license from the previous administrator is received by BELTCA.

THE SIGNATURE OF THE FACILITY OWNER OR OWNER'S REPRESENTATIVE IS REQUIRED FOR ALL NEW ADDITIONS.

Primary Facility - Please indicate

NEW _____ **EXISTING** _____

Name: _____ Facility License No. _____ No. Beds _____

Address: _____
Number City State Zip Code

Tel No. _____ Fax No. _____ Email: _____

Owner Authorization : _____ Effective Date: _____

Facility "A" - Please indicate

NEW _____ **EXISTING** _____

Name: _____ Facility License No. _____ No. Beds _____

Address: _____
Number City State Zip Code

Tel No. _____ Fax No. _____ Email: _____

Owner Authorization : _____ Effective Date: _____

Facility "B" - Please indicate

NEW _____ **EXISTING** _____

Name: _____ Facility License No. _____ No. Beds _____

Address: _____
Number City State Zip Code

Tel No. _____ Fax No. _____ Email: _____

Owner Authorization : _____ Effective Date: _____

Facility "C" - Please indicate

NEW _____ **EXISTING** _____

Name: _____ Facility License No. _____ No. Beds _____

Address: _____
Number City State Zip Code

Tel No. _____ Fax No. _____ Email: _____

Owner Authorization : _____ Effective Date: _____

Facility "D" - Please indicate

NEW _____ **EXISTING** _____

Name: _____ Facility License No. _____ No. Beds _____

Address: _____
Number City State Zip Code

Tel No. _____ Fax No. _____ Email: _____

Owner Authorization : _____ Effective Date: _____

Attested to: _____

Licensee Signature

Date: _____